

Exhibit 300: Capital Asset Summary

Part I: Summary Information And Justification (All Capital Assets)

Section A: Overview & Summary Information

Date Investment First Submitted: 2009-06-30
Date of Last Change to Activities: 2012-06-21
Investment Auto Submission Date: 2012-02-27
Date of Last Investment Detail Update: 2011-09-16
Date of Last Exhibit 300A Update: 2012-02-27
Date of Last Revision: 2012-06-21

Agency: 029 - Department of Veterans Affairs **Bureau:** 00 - Agency-Wide Activity

Investment Part Code: 01

Investment Category: 00 - Agency Investments

1. Name of this Investment: Medical 21st Century Pharmacy(PRE)

2. Unique Investment Identifier (Ull): 029-555555184

Section B: Investment Detail

- 1. Provide a brief summary of the investment, including a brief description of the related benefit to the mission delivery and management support areas, and the primary beneficiary(ies) of the investment. Include an explanation of any dependencies between this investment and other investments.**

The Pharmacy Reengineering (PRE) project will replace all legacy pharmacy applications with a system that better meets the current & future business needs for the VA. The current suite of pharmacy applications - designed in the mid-80's using dated technology - has become obsolete & expensive to maintain & enhance. PRE will deliver improved VA pharmacy operations, efficiencies in workflow & process for clinicians, & increased ability to respond to patient safety issues. The initial increments of the project will address the critical patient safety issues that exist in the current system by providing clinical decision support tools that will reduce medication errors & adverse drug events, resulting in lower healthcare costs & improved care for Veterans. This enhancement is expected to save many lives in the first 2 years of implementation, which is currently planned to begin in quarter 2, FY 2012. The solution will be delivered via Pharmacy Enterprise Customization System (PECS) & Medication Order Checking Health Care Application (MOCHA) integrating with a Commercial Off The Shelf (COTS) database product for industry updates. PRE will subsequently release a drug database management component (Pharmacy Product System - PPS) with a national focus (PPS-N) followed by a component with local site focus (PPS-L). Subsequently, PRE will release an Inventory Management component, followed by an Order Dispensing component, followed by a Clinical Monitoring component. By aligning Pharmacy Reengineering with the VA's mission for better business & customer results, the

implementation of Pharmacy Reengineering will ultimately benefit the patient, employees & the organization by reducing adverse drug events, workload & cost, respectively. PRE is dependent on projects such as CPRS & VistA Maintenance from the VA Medical Legacy OMB Exhibit 300, STS -VA Enterprise Terminology Services (VETS) & Standard Data Services (SDS) from the VA "Interagency 21st Century Veterans Interoperability" OMB Exhibit 300, & on Enterprise Application Maintenance Contract (HeV maintenance) from the VA "Medical 21st Century - Development Core" OMB Exhibit 300. Projects such as Pharmacy Legacy Enhancements, Sustainment of Pharmacy NDF Monthly Updates, FDA Medication Guides Update & eventually Bar Code Medication Administration (BCMA), all in the VA Medical Legacy OMB Exhibit 300 have dependencies on & impacts from PRE. Some coordination is also anticipated with iEHR's VA/DoD pharmacy effort.

2. How does this investment close in part or in whole any identified performance gap in support of the mission delivery and management support areas? Include an assessment of the program impact if this investment isn't fully funded.

The reengineering of the pharmacy application addresses gaps in patient safety that exist in legacy systems by providing clinical decision support tools, for example dosing and non-dosing order checks, drug-drug interaction order check including allergy and adverse drug reactions and medication order checks. The inventory system will provide better control on pharmacy inventory components that will allow closer control of costs. This investment replaces legacy systems and applications with modernized versions that are more sustainable. If this investment is not fully funded, sustainment costs for supporting older technologies will continue to increase as support for older technologies becomes a rarer and rarer industry skill. If this investment is not fully funded, enhancements that improve patient safety and save lives will be delayed, and the investments dependent on PRE will continue to rely longer on legacy VistA systems with high operating maintenance and enhancement costs associated with maintaining older technologies.

3. Provide a list of this investment's accomplishments in the prior year (PY), including projects or useful components/project segments completed, new functionality added, or operational efficiency achieved.

Set up hardware for all PRE development & tests. MOCHA 1.0 enhanced order checks developed, tested & deployed. 2.0 max single dose check warnings tested. Plan complete & development started for highest priority enhancements like daily dosage/allergy/order checks, drug interactions & reports. PECS 1.0 ability to customize drug info from commercial database used in enhanced order checks deployed. 2.0 UFT Update of application architecture to be less costly in sustaining & enhancing planned and completed. 2.1 UFT Updated user interface to meet new VA standards, Better usability & search planned. Development started. PPSN 1.0 Data Migration UFT plans complete. Development started for legacy National Drug File Management System (NDFMS) data migration to a lower cost sustainable database with richer industry data. 1.0 UFT1 plan complete. Development started to meet new VA tech standards. 1.0 UFT2 plan complete. Development started for 1st functionality to retire NDFMS.

4. Provide a list of planned accomplishments for current year (CY) and budget year (BY).

MOCHA component enhancements to daily dosage checks, allergy checks, order checks, drug interactions, reporting will include FY12 2.0 release & deployment of order check enhancements critical for patient safety A Team UFT1 development & test for Highest priority enhancements A Team UFT2 plans & development for Higher priority enhancements A Team UFT3 plans for Very High priority enhancements DS Team UFT1 plans, development & test for Highest priority dosing enhancements DS Team UFT2 plans & development initiated for Higher priority dosing enhancements FY13 A Team UFT1 release & deployment for Highest priority enhancements A Team UFT2 test, release & deployment for Higher priority enhancements A Team UFT3 development & test for Very High priority enhancements A Team UFT4 plans & development initiated for High priority enhancements DS Team UFT1 release & deployment for Highest priority dosing enhancements DS Team UFT2 test, release, & deployment for Higher priority dosing enhancements DS Team UFT3 plans, development & test for High priority dosing enhancements M UFT1 plans & development initiated for Medium High & critical updates PECS enhancements to customizations of drug information from the commercial database used in the enhanced order checking will include FY12 2.1 UFT - development, test, release & deployment for updated graphical user interface to comply with updated VA standards, improved usability & ease of search 2.2 UFT - plans & development for highest priority enhancements 3.0 UFT - plans completed & development initiated for higher priority enhancements FY13 3.0 UFT development, test, release & deployment for higher priority enhancements 3.1 - plans & development completed with Test initiated for high priority enhancements 3.2 - plans completed. Development initiated for medium high priority enhancements PPS-N accomplishments will include FY12 1.0 DM UFT - development for legacy NDFMS data migration 1.0 UFT1 - development for updated VA architectural alignment 1.0 UFT2 - development for functionality to replace legacy National Drug File Management System FY13 1.0 - test for FY12 functionality listed earlier. iEHR accomplishments will include FY13 Pharmacy Solution implementation at alpha site only.

- 5. Provide the date of the Charter establishing the required Integrated Program Team (IPT) for this investment. An IPT must always include, but is not limited to: a qualified fully-dedicated IT program manager, a contract specialist, an information technology specialist, a security specialist and a business process owner before OMB will approve this program investment budget. IT Program Manager, Business Process Owner and Contract Specialist must be Government Employees.**

2010-04-30

Section C: Summary of Funding (Budget Authority for Capital Assets)

1.

Table I.C.1 Summary of Funding

	PY-1 & Prior	PY 2011	CY 2012	BY 2013
Planning Costs:	\$1.0	\$1.1	\$0.2	\$3.5
DME (Excluding Planning) Costs:	\$8.0	\$7.4	\$9.8	\$31.5
DME (Including Planning) Govt. FTEs:	\$2.4	\$3.0	\$1.1	\$2.6
Sub-Total DME (Including Govt. FTE):	\$11.4	\$11.5	\$11.1	\$37.6
O & M Costs:	\$0.0	\$0.0	\$0.0	\$2.2
O & M Govt. FTEs:	\$0.0	\$0.0	\$1.5	\$0.2
Sub-Total O & M Costs (Including Govt. FTE):	0	0	\$1.5	\$2.4
Total Cost (Including Govt. FTE):	\$11.4	\$11.5	\$12.6	\$40.0
Total Govt. FTE costs:	\$2.4	\$3.0	\$2.6	\$2.8
# of FTE rep by costs:	19	23	23	23
Total change from prior year final President's Budget (\$)		\$0.8	\$2.9	
Total change from prior year final President's Budget (%)		7.76%	29.95%	

2. If the funding levels have changed from the FY 2012 President's Budget request for PY or CY, briefly explain those changes:

FY11: BCR submitted, approved. FY10: 23.906M request. 16.133 received. (14M ear marked for previous 09 equipment transferred to FY10 budget) PMAS BCR submitted FY10, ignored. 2011 dollars & beyond required to decrease from amount requested. Risks inadequate funding to support releases. Extends lifecycle. FY09: 34.724M request. Only 19.50M received in Pres' budget. Additional 15M for equipment received in Oct, only 1M spent FY09. For passback, 1.945M additional received. 36.449M for FY09.

Section D: Acquisition/Contract Strategy (All Capital Assets)

Table I.D.1 Contracts and Acquisition Strategy

Contract Type	EVM Required	Contracting Agency ID	Procurement Instrument Identifier (PIID)	Indefinite Delivery Vehicle (IDV) Reference ID	IDV Agency ID	Solicitation ID	Ultimate Contract Value (\$M)	Type	PBSA ?	Effective Date	Actual or Expected End Date
Awarded	4735	GST0310DS6005	GS35F0323J	4730							
Awarded	3600	VA11810F0286	GS06F0548Z	4730							
Awarded	4732	GST0311DS6049	GS35F0533L	4730							
Awarded	3600	VA798A100472	GS06F0532Z	4730							

2. If earned value is not required or will not be a contract requirement for any of the contracts or task orders above, explain why:

Earned value is required for all of Pharmacy Reengineering's contracts with the exception of the hardware, national peripheral and software licenses (BPA VA118-10-P-0057/ 003/ 523121, 116-10-2-9311-0026 and 116-09-3-9311-0048). In addition contracts under the one million dollar threshold are not required to report EVM.

Exhibit 300B: Performance Measurement Report

Section A: General Information

Date of Last Change to Activities: 2012-06-21

Section B: Project Execution Data

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
1002180614	Pharmacy Re-Engineering - PRE (PECS_MOCHA)	The Pharmacy Reengineering (PRE) program will replace all pharmacy applications with a system that better meets the current and expected business needs for the VA. The first increments deliver enhanced order checking functionality to address known patient safety issues. Pharmacy Re-engineering will subsequently release a Pharmacy Product System (PPS) followed by Dispense and Administration, Activate, Inventory, and Clinical Monitoring domains. The MOCHA component will provide enhanced order checking functionality for order placed through CPRS and VistA Pharmacy . These checks include both dosing and non-dosing issues address known patient safety issues in the existing medication ordering processes. The PECS component provides tools to allow customization of COTS			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		drug database information used in production order checks provided by MOCHA. The PECS/MOCHA project will provide the ability to respond to the ever-changing patient safety issues and will provide the clinician with an improved work flow and processes utilizing a scalable platform and realization of One VA Architecture.			
1108160603	Pharmacy Re-Engineering - PRE (PPS-N)	The Pharmacy Reengineering (PRE) Program will replace all pharmacy applications with a system that better meets the current and expected business needs for the VA. The first increments deliver enhanced order checking functionality to address known patient safety issues. Pharmacy Re-engineering will subsequently release a Pharmacy Product System (PPS) followed by Dispense and Administration, Activate, Inventory, and Clinical Monitoring domains. The PPS-N project encompasses PPS, and will replace the legacy National Drug File Management System (NDF MS) with a system that better meets the current and expected business needs and cost effective technical architecture for the VA, ensuring more frequent updates of drug information to keep pharmacists updated and veterans safer.			

Activity Summary

Roll-up of Information Provided in Lowest Level Child Activities

Activity Summary

Roll-up of Information Provided in Lowest Level Child Activities

Project ID	Name	Total Cost of Project Activities (\$M)	End Point Schedule Variance (in days)	End Point Schedule Variance (%)	Cost Variance (\$M)	Cost Variance (%)	Total Planned Cost (\$M)	Count of Activities
Project ID	Name	Total Cost of Project Activities (\$M)	End Point Schedule Variance (in days)	End Point Schedule Variance (%)	Cost Variance (\$M)	Cost Variance (%)	Total Planned Cost (\$M)	Count of Activities
1002180614	Pharmacy Re-Engineering - PRE (PECS_MOCHA)							
1108160603	Pharmacy Re-Engineering - PRE (PPS-N)							

Key Deliverables

Project Name	Activity Name	Description	Planned Completion Date	Projected Completion Date	Actual Completion Date	Duration (in days)	Schedule Variance (in days)	Schedule Variance (%)
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NONE

Section C: Operational Data

Table II.C.1 Performance Metrics

Metric Description	Unit of Measure	FEA Performance Measurement Category Mapping	Measurement Condition	Baseline	Target for PY	Actual for PY	Target for CY	Reporting Frequency
Number of non-dosing adverse drug event/errors occurring within the last year. Measurement indicator is based on the occurrence of an event. Baseline was from FY10. ADE increase as much as approximately 20% a year. So, baseline should interpreted as increasing over time.	Number of events or errors	Customer Results - Service Quality	Under target	64300.000000	69444.000000	59400.000000	69400.000000	Semi-Annual
The number of monographs viewable to PRE Clinicians. Prior to PRE Clinicians were not able to view critical drug information used in treatment decisions.	Number of monographs	Technology - Information and Data	Over target	0.000000	1500.000000	1666.000000	1666.000000	Monthly
Number of adverse drug events occurring within the last year.Measurement indicator is based on the occurrence of an event. Baseline was from FY10. ADE increase as much as approximately 20% a year. So, baseline should interpreted as increasing over time.	Number of events or errors	Customer Results - Service Quality	Under target	65000.000000	70200.000000	60000.000000	70000.000000	Semi-Annual
Number of	Number of events or	Customer Results -	Under target	700.000000	756.000000	600.000000	600.000000	Semi-Annual

Table II.C.1 Performance Metrics

Metric Description	Unit of Measure	FEA Performance Measurement Category Mapping	Measurement Condition	Baseline	Target for PY	Actual for PY	Target for CY	Reporting Frequency
dosing-related adverse drug events within the last year. Measurement indicator is based on the occurrence of an event. Baseline was from FY10. ADE increase as much as approximately 20% a year. So, baseline should interpreted as increasing over time.	errors	Service Quality						
Percentage of sites with data and information made available to them for viewing critical drug information and data used in treatment decisions. Baseline represented No Drug Dosing Information for Clinical Decisions.	Percentage of Sites with Available data	Technology - Information and Data	Over target	0.000000	0.000000	0.000000	75.000000	Quarterly
Minimum time required to distribute enhanced order check updates, measured in number of days until they are updated after a facility's decision to receive them. Baseline was based on Pharmacy Enterprise Customization system (PECS) - number of days required to process new drug interaction requests - 60 days.	Days until updated after facility decision to recv	Process and Activities - Cycle Time and Timeliness	Under target	60.000000	60.000000	2.000000	2.000000	Monthly

Table II.C.1 Performance Metrics								
Metric Description	Unit of Measure	FEA Performance Measurement Category Mapping	Measurement Condition	Baseline	Target for PY	Actual for PY	Target for CY	Reporting Frequency